



Child Abuse Incident Report Form

The completed form should be submitted to the Member Protection Information Officer (MPIO) via mpio@ihnsw.com.au.

This form must be used to record details of a Child Abuse Incident or Allegation			
Child Name			
Date of Incident		Site where incident occurred	
Time of Incident			
Person making Report		Role & Relationship to Child	
Type of Incident (tick all that apply):			
<input type="checkbox"/>	Suspicion or allegation of abuse or neglect of client	<input type="checkbox"/>	Serious breach of client confidentiality
<input type="checkbox"/>	Suspicion of potential harm to a client	<input type="checkbox"/>	Serious breach of duty of care
<input type="checkbox"/>	Potential abuse by or criminal matters involving an employee	<input type="checkbox"/>	A complaint
<input type="checkbox"/>	An episode of severe challenging behaviour	<input type="checkbox"/>	A complaint involving legal proceedings
<input type="checkbox"/>	Potential harm to an employee resulting from harassment/bullying	<input type="checkbox"/>	A serious incident as defined in the Incident Management policy

Details of the child / young person affected by the incident			
[A Separate Child Abuse Incident Report Form should be completed for each child]			
Full Name			
Date of Birth		Gender	
Any communication or medical requirements			
Parent / guardian name			
Parent / guardian contact details			
Parent / guardian address			
Any know parent / guardian communication requirement			



Child Abuse Incident Report Form

Details of other persons involved

Alleged perpetrator(s) details	
Name – if known.	
Connection with the child – if known	
Any other relevant factors	
Were there any other witnesses to the incident? Yes / No (circle)	
If yes, please provide their details below:	
Full Name	
Involvement as witness	
Contact phone number	
Full Name	
Involvement as witness	
Contact phone number	
Full Name	
Involvement as witness	
Contact phone number	

Details of incident (Please describe the incident including alleged perpetrator/s behaviour, sighted injury or other indicators of abuse, conversations with the child)



Child Abuse Incident Report Form

Action undertaken (if any):

To ensure the safety of child/client:	
To address the support needs of the child / client and their family:	
To address the support needs of the alleged perpetrator:	
To address the support needs of other personnel involved:	

Incident response

Please circle who of the following have been informed of this incident:

Externally	Police ♦ Child Protection ♦ Ambulance ♦ Doctor ♦ Family / Carer ♦ Other (please specify) ♦ _____
Internally	Manager (please specify): Please note that a Manager must be informed

Police

Date		Time	
Name of person notified		Position	
Department/ region		Contact Detail/s	
Advice provided:			

Child Protection

Date		Time	
Name of person notified		Position	
Department/ region		Contact Detail/s	
Advice provided:			



Child Abuse Incident Report Form

Parent / Guardian

Have they been informed of the incident: Yes No (circle)

(If appropriate) have they been informed of the authorities being notified: Yes No (circle)

If yes, please provide relevant details of conversations:	E.g. (information provided, reactions, concerns and admissions)
If no, please explain why	

Please provide details of which manager/s or other personnel have been informed of the incident

Full name:	
Position / title:	
Date and time informed:	
Full name:	
Position / title:	
Date and time informed:	

Additional comments

Acknowledgement of form completion

I have completed this form to the best of my knowledge and ability

Name		Position	
Signed		Date	



Child Abuse Incident Report Form

Member Protection Information Officer

I have checked that all sections of this form are complete

Name		Position	
Signed		Date	

Privacy Disclaimer: Ice Hockey NSW acknowledges and respects the privacy of all its staff, volunteers, contractors and patrons. The information being collected is for the purposes of obtaining details of and assessing the incident in question. Information disclosed on this form may be passed on to the appropriate authorities, as required. By signing this form, you have consented to this information being collected, used and disclosed for the purposes it intended. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act (amended 2001) and Ice Hockey NSW Privacy Policy.